PTO/SB/06 (08-00)
Approved for use through 10/31/2002. OMB 0651-0032
U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 8403.852 OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY OR **SMALL ENTITY** (Column 2) (Column 1) **FOR** NUMBER FILED **NUMBER EXTRA** RATE RATE FEE **FEE** BASIC FEE s 750 \$ 0 OR (37 CFR 1.16(a)) TOTAL CLAIMS \* 0 10 0 minus 20 = x <u>\$</u> 9 g 18 0 0 OR (37 CFR 1.16(c)) INDEPENDENT CLAIMS \* 0 2 minus 3 = 0 42 = 84 X 0 OR 0 (37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) 0 0 140 \_ 280 \_ 0 OR 0 0 TOTAL OR **TOTAL** \* If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN CLAIMS AS AMENDED - PART II **SMALL ENTITY** OR **SMALL ENTITY** (Column 3) (Column 1) (Column 2) **CLAIMS HIGHEST** ADDI-ADDI-REMAINING **PRESENT** NUMBER **RATE** TIONAL TIONAL **RATE AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR Total OR **§** 18 0 \$ <sup>9</sup> Minus 20 0 0 (37 CFR 1.16(c)) OR \*\*\* 3 Independent Minus 42 84 0 0 0 (37 CFR 1.16(b)) OR 140 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) 0 0 280 = OR TOTAL TOTAL 0 0 OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT **RATE** TIONAL **RATE** TIONAL 1119 **AMENDMENT** AFTER **PREVIOUSLY EXTRA** FEE **FEE AMENDMENT** PAID FOR OR Total (37 CFR 1.16(c)) s 18 \$9 Minus = 0 0 = OR \*\*\* Independent 42 0 84 0 Minus (37 CFR 1.16(b)) OR 140 0 280 0 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL 0 OR 0 ADDIT. FEE ADDIT, FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-C REMAINING **PRESENT** NUMBER RATE **TIONAL** RATE TIONAL **AMENDMENT AFTER PREVIOUSLY EXTRA FEE FEE** AMENDMENT PAID FOR OR Total \*\* к <u>§</u> 9 0 § 18 0 Minus = (37 CFR 1.16(c)) OR Independent \*\*\* 42 0 84 0 Minus (37 CFR 1.16(b)) OR 140 280 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) 0 0 OR TOTAL 0 OR TOTAL 0 \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". ADDIT. FEE ADDIT. FEE

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The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Commissioner For Patents, PO Box 1450

Al xandria, VA 22313-1450

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

8403.852

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			10				Γ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			// minus 20=		*			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			mil	nus 3 =	*			X42=		OR	X84=	
MU	LTIPLE DEPEN	IDENT CLAIM PE	RESENT					+140=		OR	+280=	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2			L	TOTAL		OR	TOTAL	750	
CLAIMS AS AMENDED - PART II											OTHER	
		(Column 1) CLAIMS		(Column HIGHES		(Column 3)		SMALLE		OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF MU	Minus	***	T CL AINA	=		X42=		OR	X84=	
	rino i Prizoc	INTATION OF MIC	JETIPLE DEF	CINDEIN	CLAIIVI		, [	+140=		OR	+280=	
TOTAL ADDIT. FEE									OR	TOTAL ADDIT. FEE		
		(Column 1)			mn 2)	(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T OL 4114	=	11	X42=		OR	X84=	
	FIRST PRESE	NTATION OF MU	JETIPLE DEF	ZENDEN	CLAIM	Ц	] [	+140=		OR	+280=	
							L	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			mn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	*	NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=	11	X\$ 9=		OR	X\$18=	
AME	Independent	* ENTATION OF M	Minus	***	T CL AIRA	=	11	X42=		OR	X84=	
L	FIRST PRESE	ENTATION OF M	OLTIPLE DEI	PENDEN	I CLAIM		┚┞	+140=	-	OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	TOTAL	
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20.  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												